



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

Internet: www.ptbc.ca.gov



Live Scan Form Instructions

1. Complete the 3 copies of the PTBC's Request for Live Scan Form.
2. Locate a Live Scan operator and make an appointment if necessary.
3. Take the completed form (in triplicate) to the Live Scan site.
4. Have a passport or state-issued photo ID ready for identification.
5. Pay the processing and preparation fees at the Live Scan site.
6. Verify with the Live Scan operator that your fingerprints were submitted for both DOJ and FBI processing.
7. Submit one copy of the form with your PTBC application.

Reasons for Delays and How to Avoid Them

#1 Reason: The Live Scan operator fails to check the FBI box in the computer resulting in no FBI results being transmitted to the PTBC. Avoid this by asking the Live Scan operator to check their computer before you leave the location. **#2 Reason:** The Live Scan operator fails to enter your personal information into their computer. Avoid delays by asking the operator to ensure your name is spelled correctly, your social security number is provided, and your date of birth is entered. **#3 Reason:** Failing to provide the PTBC with a copy of your completed Live Scan. The PTBC is able to follow up on your fingerprint submission only if a copy of the Live Scan is in your application file.

Checking on Status of Fingerprint Submission

Do not call the PTBC for status of your Live Scan submission prior to calling the DOJ's 24-hour Automated Telephone Service at 916-227-4557. Please have your date of birth and the 10-digit Automated Transaction Identifier (ATI) number that appears Live Scan form after completion. The ATI number always appears in the following sequence: 1 LETTER; 3 NUMBERS; 3 LETTERS and 3 NUMBERS.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____	_____	_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____	_____	()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ **CDL No.** _____
Last First

DOB: _____ **SEX:** Male Female **Misc. No. BIL -** _____
Agency Billing Number (if applicable)

HT: _____ **WT:** _____ **Misc. No.** _____

EYE Color: _____ **HAIR Color:** _____ **Home Address:** (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box

SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

_____		_____
Street No.		Mail Code (five digit code assigned by DOJ)
_____		_____
Street or PO Box		()
_____	_____	_____
City	State	Zip Code
		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ **Date** _____
Name of Operator

_____	_____	_____
Transmitting Agency	ATI No.	Amount Collected/Billed

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Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ)
_____ Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions)
_____ City _____ State _____ Zip Code _____ () _____ Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box

SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

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_____ Employer Name

_____ Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ)

_____ City _____ State _____ Zip Code _____ () _____ Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

_____ Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

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Name of Operator

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